2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 10, 2005 8:00 am Secretary of State

DOCUMENT # F0300006019 1. Entity Name COMMONWEALTH ADOPTIONS INTERNATIONAL, INC				0	01-10-2005 90	0026 006 ****7	0.00	
Principal Place of Business Mailing Address 4601 E. FT. LOWELL STE. 200 4601 E. FT. LOWELL ST TUCSON, AZ 85712 TUCSON, AZ 85712			. 200		4 000045	iJ		
2. Principal Place of Business 3. Me		3, Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032005 C	hg-NP (CR2E037 (10/03)		
City & State		City & State		4. FEI Number 86-074390)5		pplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of St	tatus Desired	\$8.75 Add	litional	
	6. Name and Address of Current F	legistered Agent		7. Name and Add	ress of New Reg			
			Name	Name				
CORPDIRECT AGENTS, INC. 103 NORTH MERIDIAN STREET LOWER LEVEL		RLEVEL	Street Addres	s (P.O. Box Number is Not Acceptable)				
TALLAHASSEE, FL 32301								
			City	FL Zip Code				
	named entity submits this statement for ions of registered agent.	the purpose of changing its re-	gistered office or regis	stered agent, or both, in	the State of Florid	la. I am familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	legistered Agent signature requ	uired when reinstating)		DATE .		
SIGNATURE .	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2005	nd title if applicable. (NOTE: R 9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees		DATE se check payable t a Department of S		
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees	Florida	e check payable t	tate	
10. TITLE NAME STREET ADORESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIR C SELLERS, JAMES R 2940 N. SWAN RD STE. 212	9. Election Camp Trust Fund Cor	aign Financing ntribution. 11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Florida	e check payable to Department of S	tate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.